



**Salem-South Lyon District Library**  
*Imagine the Possibilities*

**Salem-South Lyon District Library**

9800 Pontiac Trail South Lyon, MI 48178  
 Phone: (248) 437-6431 FAX: (248) 437-6593  
<https://ssldl.info>

**Customer Service Specialist** (multiple responsibilities to ensure awesome customer service)

Application must be filled in completely or it will not be processed. If a box does not pertain to you, indicate with **N/A** in that space. The **Salem-South Lyon District Library** is an “at will,” equal opportunity employer whose policy is to select the most qualified candidates without regard to race, religion, color, sex, age, marital or military status, history of disability or national origin. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

Date of Application: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Desired Pay \_\_\_\_\_

Days: Yes / No \_\_\_\_\_ Evenings: Yes / No \_\_\_\_\_ Weekends: Yes / No \_\_\_\_\_

Are you employed now? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

Have you ever been convicted of a crime or offense other than minor traffic violations? ( ) yes ( ) no  
 If “Yes,” explain \_\_\_\_\_

Conviction of a crime is not automatic disqualification for employment. All factors will be considered.

EDUCATION	NAME & ADDRESS	No. YEARS ATTENDED	COURSE, MAJOR or DEGREE
High School	_____		
	_____		
College	_____		
	_____		
Post Graduate	_____		
	_____		
Business or Trade	_____		
	_____		
Other	_____		
	_____		

May we contact the employers listed? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, which one(s)? \_\_\_\_\_

PRIOR WORK HISTORY (list in order, present employer first)						
DATES		Name & Address of Employer	Rate of Pay		Supervisor's Name & Title	Phone No.
From	To		Start	Finish		
Briefly describe what you did; include job title:						
Reason for leaving						
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From	To		Start	Finish		
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Reason for leaving						
DATES		Name & Address of Employer	Rate of Pay		Supervisor's Name & Title	Phone No.
From	To		Start	Finish		
Briefly describe what you did; include job title:						
Reason for leaving						

Other experience(s) skills you would like to mention:

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REFERENCES: Three individuals not related to you, whom you have known for at least one year:

Name	Address and Telephone	Relationship	Years

**Applicant Waiver Form** (To be signed by all job applicants along with application form.)

1. I agree and understand that all the information and statements on my application are correct and no attempt has been made to conceal or withhold pertinent information. I agree that any omission, falsification, or misrepresentation is cause for my immediate termination at any time during my employment.
2. I authorize investigation of all statements contained in this application for any employment-related purpose and I understand that a criminal background check will be performed as part of the hiring process. I will release the listed references and all employers, except those specifically excepted\*, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give you.
3. I understand and agree that, if hired, my employment status is at-will. Therefore, my employment is for no definite period; and may, regardless of the date of payment of my wages, be terminated with or without cause, at any time, with or without notice. Any agreement altering the terminable at will nature of the employment relationship must be in writing and signed by myself and the Director of the Library.
4. I agree that any action or suit against the Library arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 182 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Employers specifically excepted: \_\_\_\_\_

**For Employer Use Only**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Hired: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
 Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_ Wage: \_\_\_\_\_  
 Days / Times Scheduled to Work: \_\_\_\_\_